

2003

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

3805P

For calendar year 2003 or
fiscal year beginning month _____ day _____ year 2003, and ending month _____ day _____ year _____.

First name _____		Initial _____	Last name _____		Your social security number _____			
Present home address (number and street or rural route) _____				Apt. no. _____	PMB no. _____		Check this box if this is an amended return <input type="checkbox"/>	
City, town, or post office _____				State _____	ZIP Code _____			

Part I Additional Tax on Early Distributions – Complete this part if you took a taxable distribution, before you reached age 59½, from a qualified retirement plan (including an IRA) or modified endowment contract. You also may have to complete this part if you received a Form 1099-R that incorrectly indicates an early distribution or you received a Roth IRA distribution (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	_____
2	Early distributions included on line 1 that are not subject to additional tax. See instructions. Enter the appropriate exception number from instructions <input type="checkbox"/> <input type="checkbox"/>	2	_____
3	Amount subject to additional tax. Subtract line 2 from line 1	3	_____
4	Tax due. Multiply line 3 by 2½% (.025). Enter here and on Form 540, line 36 or Long Form 540NR, line 45. If you are not required to file a California income tax return, sign this form below and refer to the instructions	4	_____

Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 6% (.06) of that amount on line 4 instead of 2½% (.025). See instructions.

Part II Additional Tax on Distributions from Coverdell Education Savings Accounts (ESAs) or a Qualified Tuition Program (QTP) Not Used for Educational Expenses – Complete this part if a distribution was made from your Coverdell ESA or QTP and was not used for educational expenses.

5	Distributions included in income from Coverdell ESAs or QTPs from federal Publication 970, Worksheet 5-3, line 16	5	_____
6	Distributions included on line 5 that are not subject to additional tax. See instructions	6	_____
7	Amount subject to additional tax. Subtract line 6 from line 5	7	_____
8	Tax due. Multiply line 7 by 2½% (.025). Enter here and on Form 540, line 36 or Long Form 540NR, line 45. If you are not required to file a California income tax return, sign this form below and refer to the instructions	8	_____

Part III Additional Tax on Distributions from Archer Medical Savings Accounts (MSAs) – Complete this part if you reported a taxable distribution from an MSA on federal Form 8853.

9	Taxable Archer MSA distribution from federal Form 8853, line 10	9	_____
10 a	If you meet any of the exceptions to the 10% tax (see instructions), check here	10a	<input type="checkbox"/>
b	Otherwise, multiply line 9 by 10% (.10). Enter the result here and include it in the total on Form 540, line 36 or Long Form 540NR, line 45. If you are not required to file a California income tax return, sign this form below and refer to the instructions	10b	_____
11	Additional tax due from Medicare+Choice MSA distributions. Enter the amount from federal Form 8853, line 15b on this line. Also include this amount in the total on Form 540, line 36 or Long Form 540NR, line 45. If you are not required to file a California income tax return, sign this form below and refer to the instructions. Long Form 540NR filers, see instructions	11	_____

Signature. Complete **only** if you are filing this form by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. It is unlawful to forge a spouse's signature.

Your signature _____	Date _____
X Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge.)	Paid preparer's SSN/PTIN _____

Firm's name (or yours if self-employed) and address _____	FEIN _____
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